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| | 7590 02/05 | 72010 | | | | | | nicelon | | |
| Mr. Joseph B. Barrett Baxter Healthcare Corporation One Baxter Parkway, DF3-2W | | | | | Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | | | |
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| APPLICATION NO. | FILING DATE | FILING DATE | | TOR AT | | ATTO | RNEY DOCKET NO. | CONF | CONFIRMATION NO. | |
| 10/811,589 | 10/811,589 03/29/2004 | | Eric Tomasetti | | TR-6132 (BXT | | | 24021) 2100 | | |
| TITLE OF INVENTION | : METHOD FOR STER | ILE CONNECTION OF | TUBING | | | | | | | |
| APPLN, TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE I | UE | PREV. PAID ISSU | E FEE | TOTAL FEE(S) DUE | | DATE DUE | |
| nonprovisional | NO | \$1510 | \$300 | | \$0 | | \$1810 | \$1810 05/05/2010 | | |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS | | | | | | | |
| MCCLELLAND, KIMBERLY KEIL | | 1791 | 156-156000 | | | | | | | |
| CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | | | | |
| PLEASE NOTE: Unirecordation as set fort (A) NAME OF ASSI | less an assignee is ident h in 37 CFR 3.11. Comp | THE PATENT (print or type) data will appear on the patent. If an assignee is identified below, the document has been filed for T a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) Deerfield, IL | | | | | | | | |
| 1 | | rinted on the patent): Individual Corporation or other private group entity Government | | | | | | | | |
| riease check the appropr | rate assignee category or | | | | | - | | | - | |
| 4a. The following fee(s) Issue Fee Publication Fee (N Advance Order - | b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 021818 (enclose an extra copy of this form). | | | | | | | | | |
| 5. Change in Entity Sta | ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). | | | | | | | | | |
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| Authorized Signature | March | & And | | | Date | | 04-06-2010 | | | |
| Typed or printed nam | e <u>Matthew S.</u> | Dicke | · · | | Registration N | fo | 58,819 | | | |
| an application. Confiden submitting the completed this form and/or suggesti Box 1450, Alexandria, V Alexandria, Virginia 223 | tiality is governed by 35 d application form to the ions for reducing this bur /irginia 22313-1450. DC 113-1450. | FR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to th ONOT SEND FEES OR of persons are required to res | 1.14. This collection is depending upon the second control of the complex control complex control cont | s esti ndivi ffice S TC | etain a benefit by the mated to take 12 redual case. Any coor, U.S. Patent and THIS ADDRESS | he publ ninutes mment Traden S. SENI | ic which is to file (and to complete, including s on the amount of tin park Office, U.S. Depa of TO: Commissioner f | g gather ne you r rtment o or Paten | ing, preparing, and equire to complete of Commerce, P.O. ts, P.O. Box 1450, | |